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APPLICANTS

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** CONTINUING DATA *****

ju This appln claims benefit of 60/419,088 10/18/2002

** FOREIGN APPLICATIONS *****

ju *none*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 08/11/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged	<i>ju</i> Examiner's Signature <i>ju</i> Allowance Initials	MA	4	21	5

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TITLE

Compositions and methods for diagnosing and treating autoimmune disease

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
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